



CARLISLE FIRE DEPARTMENT

80 Westford Road—P.O. Box 575

Carlisle, MA 01741

978-369-2888 Chief

978-369-1442 Dispatcher

SPECIAL NEEDS RESIDENT REGISTRATION FORM

Name: _____
First Last

Date of Birth: _____

Street Address _____

Home Telephone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact 1: _____

Telephone: _____

Emergency Contact 2: _____

SPECIAL NEED or CONSIDERATION *(check all that apply)*

- ☐ Life Support Equipment
- ☐ Special medical need : _____
- ☐ Mobility Impaired or Disabled
- ☐ Visual Impaired or Blind
- ☐ Deaf or Hearing Impaired
- ☐ Speech Impairment
- ☐ Cognitive Impairment
- ☐ Live Alone

I understand that by submitting this information to the Carlisle Fire Department that it will be entered into the Locations Database of the Carlisle Fire Department. I further understand that this information will be kept confidential and is only intended to be used in times of emergency such as a prolonged power outage, severe winter storm, or other natural or manmade disaster. In these situations I may require assistance and give permission for the use of this information to contact me to provide emergency assistance and support if needed. I also acknowledge that it is my responsibility to keep this information up to date with the Carlisle Fire Department.

SIGNED: _____ Date: _____